

OPTIONAL PAY ADJUSTMENT REQUEST FORM

EMPLOYEE INFORMATION: (Please Print)

Employee's Name: _____ Personnel Number: _____
 Unit: _____ Cost Center Number: _____
 Job Title: _____ Job Code: _____ Position #: _____
 Pay Level: _____ Current Base Pay: Biweekly \$ _____
 Annual \$ _____

REASON FOR CURRENT ADJUSTMENT:

- ☐ To fill a difficult to recruit position.
- ☐ To retain an employee deemed essential to the Department.
- ☐ To adjust pay differentials between comparable employees.
- ☐ To compensate an employee for the assignment of additional duties (of equal or higher level of work).
- ☐ Temporary assignment: Date assigned: _____ End date: _____
 (If less than a year)
- ☐ Permanent assignment: Date assigned: _____

JUSTIFICATION: (Attach additional pages if needed.)

 _____ Proposed Effective Date: _____

TYPE AND AMOUNT OF ADJUSTMENT REQUESTED:

Percentage of annual salary: _____ %

☐ Lump Sum: Amount \$ _____
☐ Base Pay: New Biweekly \$ _____

Requested by: _____ Date: _____
 Reviewed by: _____ Date: _____
 PSS Human Resource Director/designee

I certify that funding is available to implement this request.

- ☐ **Approve** the type and amount requested.
- ☐ **Approve** the following modified optional pay adjustment. Type: ☐ Base pay or ☐ Lump sum
 Amount: \$ _____ % of annual salary New biweekly salary: \$ _____
- ☐ **Disapprove**

 Undersecretary Date

 Deputy Secretary (or designee) Date